

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Kleinhendler For Congress

ADDRESS (number and street)

PO Box 1692

Check if different
than previously
reported. (ACC)

Brick

NJ

08723

2. FEC IDENTIFICATION NUMBER ▼

C

C00554311

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NJ

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2014

through

M M / D D / Y Y Y Y

03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Howard Kleinhendler

Signature of Treasurer

Howard Kleinhendler

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 10 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Kleinhendler For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2931.81	2931.81
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2931.81	2931.81
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5837.47	5837.47
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	5837.47	5837.47
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8154.34	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	11060.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 17

Write or Type Committee Name

Kleinhendler For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

2579.00

2579.00

(ii) Unitemized.....

100.00

100.00

(iii) TOTAL of contributions from individuals ▶

2679.00

2679.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

252.81

252.81

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

2931.81

2931.81

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

11060.00

11060.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

11060.00

11060.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

13991.81

13991.81

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5837.47	5837.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5837.47	5837.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13991.81
25. SUBTOTAL (add Line 23 and Line 24).....	13991.81
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5837.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8154.34

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Kleinhendler For Congress

Full Name (Last, First, Middle Initial)

A. Gershon Bergwerk

Mailing Address 305 Riverside Drive

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gershon Bergwerk Company LLC

Occupation

Finance

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		28		2014

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Howard Fialkov

Mailing Address 400 South Beverly Drive, Suite 312

City

Beverly Hills

State

CA

Zip Code

90212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Investor

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		26		2014

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Howard Kleinhendler

Mailing Address 8 Cabinfield Circle

City

Lakewood

State

NJ

Zip Code

08701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wachtel Missry LLP

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2079.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		07		2014

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period

1079.00

In-kind - Payment for Campaign Website

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2579.00

2579.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Kleinhendler For Congress

Full Name (Last, First, Middle Initial)

Howard Kleinhendler

Mailing Address 8 Cabinfield Circle

City

Lakewood

State

NJ

Zip Code

08701

FEC ID number of contributing
federal political committee.

C H0NJ04086

Name of Employer
Wachtel Missry LLP

Occupation
Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

252.81

Date of Receipt

03 / **08** / **2014**

Transaction ID : SA11D.4166

Amount of Each Receipt this Period

252.81

In-kind - Facebook Ad

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/ /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/ /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

252.81

252.81

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 17

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Kleinhendler For Congress

Full Name (Last, First, Middle Initial)

Howard Kleinhendler

A.

Mailing Address 8 Cabinfield Circle

City

Lakewood

State

NJ

Zip Code

08701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wachtel Missry LLP

Occupation
Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 06 / 2014

Transaction ID : SA13A.4104

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Howard Kleinhendler

B.

Mailing Address 8 Cabinfield Circle

City

Lakewood

State

NJ

Zip Code

08701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wachtel Missry LLP

Occupation
Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

50.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 05 / 2014

Transaction ID : SA13A.4106

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Howard Kleinhendler

C.

Mailing Address 8 Cabinfield Circle

City

Lakewood

State

NJ

Zip Code

08701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wachtel Missry LLP

Occupation
Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2089.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 20 / 2014

Transaction ID : SA13A.4108

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1060.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 17

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Kleinhendler For Congress

Full Name (Last, First, Middle Initial)

Howard Kleinhendler

A.

Mailing Address 8 Cabinfield Circle

City

Lakewood

State

NJ

Zip Code

08701

FEC ID number of contributing
federal political committee.

C H0NJ04086

Name of Employer
Wachtel Missry LLP

Occupation
Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5252.81

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2014

Transaction ID : SA13A.4110

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

Howard Kleinhendler

B.

Mailing Address 8 Cabinfield Circle

City

Lakewood

State

NJ

Zip Code

08701

FEC ID number of contributing
federal political committee.

C H0NJ04086

Name of Employer
Wachtel Missry LLP

Occupation
Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10252.81

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA13A.4111

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

10000.00

11060.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kleinhendler For Congress

Full Name (Last, First, Middle Initial)

A. Chris Coleman

Mailing Address 219 Reeves Avenue

City	State	Zip Code
Browns Mills	NJ	08015

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 30 / 2014

Amount of Each Disbursement this Period

705.00

Transaction ID : SB17.4165

B. Jimmy Esposito

Mailing Address 381 Rose court

City	State	Zip Code
Lakewood	NJ	08701

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 17 / 2014

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4143

c. Jimmy Esposito

Mailing Address 381 Rose court

City	State	Zip Code
Lakewood	NJ	08701

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 20 / 2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.4145

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1405.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kleinhendler For Congress

Full Name (Last, First, Middle Initial)

A. Jimmy Esposito

Mailing Address 381 Rose court

City	State	Zip Code
Lakewood	NJ	08701

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 25 / 2014

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.4162

B. Jimmy Esposito

Mailing Address 381 Rose court

City	State	Zip Code
Lakewood	NJ	08701

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 30 / 2014

Amount of Each Disbursement this Period

585.00

Transaction ID : SB17.4163

c. Gangi Graphics

Mailing Address 1669 Route 88

City	State	Zip Code
Brick	NJ	08724

Purpose of Disbursement
Campaign Literature

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 06 / 2014

Amount of Each Disbursement this Period

468.66

Transaction ID : SB17.4129

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1503.66

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kleinhendler For Congress

Full Name (Last, First, Middle Initial)

A. Anthony Jones

Mailing Address 219 Reeves Avenue

City	State	Zip Code
Browns Mills	NJ	08015

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2014

Amount of Each Disbursement this Period

490.00

Transaction ID : SB17.4164

B. Howard Kleinhendler

Mailing Address 8 Cabinfield Circle

City	State	Zip Code
Lakewood	NJ	08701

Purpose of Disbursement
In-kind - Payment for Campign Website

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		07		2014

Amount of Each Disbursement this Period

1079.00

Transaction ID : SB17.4120

C. Howard Kleinhendler

Mailing Address 8 Cabinfield Circle

City	State	Zip Code
Lakewood	NJ	08701

Purpose of Disbursement
In-kind - Facebook Ad

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: NJ District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		08		2014

Amount of Each Disbursement this Period

252.81

Transaction ID : SB17.4167

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1821.81

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 17

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Kleinhendler For Congress

Full Name (Last, First, Middle Initial)

A. Steven Lerner

Mailing Address 80 West Veterans Highway

City Jackson State NJ Zip Code 08527

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 28 / 2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4140

Category/
Type

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/
Type

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

5230.47

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4104

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Howard Kleinhendler

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
8 Cabinfield Circle

City

State

ZIP Code

Lakewood

NJ

08701

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y
01 / 06 / 2014M M / D D / Y Y
11 / 30 / 2014Y Y Y Y
11 / 30 / 2014

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 17

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4106

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Howard Kleinhendler

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

8 Cabinfield Circle

City

State

ZIP Code

Lakewood

NJ

08701

Original Amount of Loan

50.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50.00

TERMS

Date Incurred

M M / D D / Y Y
02 / 05 / 2014

Date Due

M M / D D / Y Y
11/30/14

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

50.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
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(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4108

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Howard Kleinhendler

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
8 Cabinfield Circle

City

State

ZIP Code

Lakewood

NJ

08701

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10.00

0.00

10.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y
02 20 / 2014M M / D D / Y Y
11/30/2014Y Y Y Y Y Y
11/30/2014

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4110

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Howard Kleinhendler

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
8 Cabinfield Circle

City

State

ZIP Code

Lakewood

NJ

08701

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 10 /

Y 2014 Y

M M /

D D /

Y 11/30/14 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Detailed Summary PageFOR LINE NUMBER:
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☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4111

Kleinhendler For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Howard Kleinhendler

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
8 Cabinfield Circle

City

State

ZIP Code

Lakewood

NJ

08701

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 31 /

Y 2014 Y

M M /

D D /

Y 11/30/14 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

11060.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.